## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09676545

		CLAIMS	<i>P</i> .			lump (I)		SMALL	ENTITY			R THAN
TOTAL CLAIMS (Column 1)					100	umn 2)	7	TYPE				ENTITY
<b> -</b>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>!</u>			4	RATE	FEE	_	RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FE	F 770.00
I	OTAL CHARGE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ninus 20=	*		]	X\$ 9=		OR	X\$1.8=		
INDEPENDENT CLAIMS minus				minus 3 =	*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT						. 🗆		1.15		7		<del> </del>
* 1	f the differenc	e in column 1 is	s less than	zero, enter	"0" in	column 2	_	+145=	<del> </del>	OR	+290=	
•		•				00.02		TOTAL	<u>L</u>	OR	TOTAL	L
4	4705	CLAIMS AS / (Column 1)	AMENDE	D - PART Colum)		(Column 3	)	SMALL	ENTITY	OR	OTHEF SMALL	
A		CLAIMS REMAINING		HIGHE NUMB	ST	PRESENT	7 [	5475	ADDI-	7	247	ADDI-
ENT		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT A	Total	· 20	Minus	27	7	=		X\$ 9=		OR	X\$18=	
AME I	Independent	1. 4	Minus	3		=	1	X43=		OR	X86=	
_	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		J	+145=		OR	+290=	
			*				L	TOTAL		_ L	TOTAL	
	·	(Column 1)		(Columi	n 2)	(Column 3)	. A	DDIT. FEE		1011 4	ADDIT. FEE	
~	<del></del>	CLAIMS	T	HIGHE	ST		7		ADDI-	ır		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	FAIDFO	<u> </u>		-	X\$ 9=	FEE		X\$18=	FEE
	Independent	*	Minus	***		=				OR -		·
3	FIRST PRESE	NTATION OF ML	ILTIPLE DEI	PENDENT C	LAIM		-	X43=.		OR	X86=	
				,				+145=		OR	+290=	
	•	. •					AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column	·2)	(Column 3)		•				
١	•	CLAIMS REMAINING		HIGHES NUMBE		PRESENT			ADDI-	Γ	T	ADDI-
Amenomicini 1		AFTER AMENDMENT		PREVIOUS PAID FO	SLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	##		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	╟	X43=		~`` <b> </b> -		
	FIRȘT PRESEI	VTATION OF MU	LTIPLE DEF	PENDENT C	LAIM.			^40= -		OR -	X86=	
<b>.</b>	the entry in autom	and the face of the con-				,	4	145=	ŀ	OR	+290=	· .
- 65	ine "Highest Nuit	nn 1 is less than the ober Previously Pai	d For IN THIS	S SPACE is le	es than	20 enter *20 *	ADI	TOTAL DIT. FEE		سا AC	TOTAL DIT. FEE	
41	me Libuezt Mau	nber Previously Pai per Previously Paid	d For IN THIS	S SPACE is le	ss than	3 enter *3 *			onrioto bay		•	•

	•	Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999  09/676,545											
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY											
FOR	NUMBER FILED	NUMBER	EXTRA	RAT	FEE	1	RATE	FEE			
BASIC FEE				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	345.00	OR	5. 15 · 5.	690.00			
TOTAL CLAIMS	24 minus 20	o= · 7	. 7		=	OR	X\$18=	12600			
INDEPENDENT CLAIMS	<b>5</b> minus 3	minus 3 = : 2		X39:		OR	X78=	15600			
MULTIPLE DEPENDENT CI	LAIM PRESENT		+130		1						
* If the difference in colum	n 1 is less than zer	olumn 2	TOTA		OR		an.				
CLAIMS	AS AMENDED.	- PART II		IOIA	-	JOR	TOTAL, OTHER	220			
18104 (Cotur	nn 1)	(Column 2)	(Column 3)	SMAL	L ENTITY	OR	SMALL				
Total AMEND Independent 5	NING ER	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
Total -27	Minus	- <u>2</u> 7	= /	X\$ 9:	=	OR	X\$18=				
Independent • 5	Minus	<u> 5 </u>	= /	X39=		OR	XX				
FIRST PRESENTATION	OF MULTIPLE DEPE	ENDENT CLAIM		+130=	:	OR	<del>300</del>				
		•		TOT ADDIT, FI		OR	TOTAL ADDIT, FEE				
5704 (Colum		(Column 2)	(Column 3)	ADDIT, E		•	A0011. FEE				
Total • CLAI	NING ER	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
Total • 🔊	Minus	-27	- /	X\$ 9=	:	OR	X\$18=	1			
Independent •	Minus	<u> 5</u>	= /	X39=		OR	xXX	1			
FIRST PRESENTATION	OF MULTIPLE DEPE	NDENT CLAIM		+130=	1		090 1200=	1			
1	•			101/		OR	TOTAL	7			
al all of (Colum	4)	(Caluma A)	(Caluma 2)	ADDIT. FE	E	OR	ADDIT. FEE	4			
CAI REMAIL	AS VING	(Column 2) HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL			
AMENDI	MENT (	PAID FOR			FEE			FEE			
Total • 2	, , , , , , , , , , , , , , , , , , , ,	/ به"	-/-	X\$ 9=	•	OR	X\$18=				
FIRST PRESENTATION	OF MULTIPLE DEPE	NDENT CLAIM	= /	X39=		OR	X78=				
		+130=		OR	+260=						
If the entry in column 1 is less than the entry in column 2, write "V in column 3.											
The "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3."  ADDIT, FEE											
ORM PTO-675	• .		·			<u> </u>					
Oran P10-875 Par. 12/99)			Pi	stent and Tra	lemark Office, U.	s. Dep	artment of	COMMERCE			

FORM PTO-875 (Rev. 12/99)